

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/517050

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7	1	5				
8	1	5				
9	1	5				
10		5				
11		10				
12		10				
13		10				
14		10				
15		10				
16		10				
17		10				
18		10				
19		10				
20	1	5				
21	1	5				
22		10				
23		10				
24		10				
25		1				
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49						
50						
TOTAL IND.	8					
TOTAL DEP.	26					
TOTAL CLAIMS	34					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS